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| 7 | UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON | |
| 8 | AT TA | COMA |
| 9 | KETRENNA B., | CASE NO. C19-5988 BHS |
| 10 | Plaintiff, | ORDER REVERSING DENIAL OF |
| 11 | V. | BENEFITS AND REMANDING FOR FURTHER PROCEEDINGS |
| 12 | COMMISSIONER OF SOCIAL SECURITY, | |
| 13 | Defendant. | |
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| 15 | I. BASIC DATA | |
| 16 | Type of Benefits Sought: | |
| 17 | (X) Disability Insurance | |
| 18 | (X) Supplemental Security Income | |
| 19 | Plaintiff's: | |
| 20 | Sex: Female | |
| 21 | Age: 46 at the time of alleged disability onset. | |
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1 Principal Disabilities Alleged by Plaintiff: Sciatica, anxiety, posttraumatic stress disorder ("PTSD"), and depression. Admin. Record ("AR"), Dkt. #7, at 238–39. 2 Disability Allegedly Began: December 1, 2015. 3 Principal Previous Work Experience: Administrative clerk, service dispatcher, waitress, home health attendant. See AR at 50, 451-52. 4 5 Education Level Achieved by Plaintiff: 10th grade. 6 II. PROCEDURAL HISTORY—ADMINISTRATIVE 7 Before Administrative Law Judge ("ALJ") Allen Erickson: Date of Hearing: August 16, 2018 8 Date of Decision: October 29, 2018 9 Appears in Record at: AR at 37–52 10 Summary of Decision: 11 The claimant has not engaged in substantial gainful activity since 12 December 1, 2015, the amended alleged onset date. See 20 C.F.R. §§ 404.1571–76, 416.971–76. 13 The claimant has the following severe impairments: PTSD, major 14 depressive disorder, generalized anxiety disorder, lumbar spine degenerative disc disease and degenerative joint disease, and status post 15 right shoulder surgery. See 20 C.F.R. § 404.1520(c), 416.920(c). 16 The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed 17 impairments in 20 C.F.R. Part 404, Subpart P, Appendix 1. See 20 C.F.R. §§ 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, 416.926. 18 The claimant has the residual functional capacity ("RFC") to 19 perform light work as defined in 20 C.F.R. §§ 404.1567(b) and 416.967(b), with exceptions. She can occasionally climb ladders, ropes, or scaffolds. 20 She can occasionally crawl. She can occasionally reach overhead with the dominant right arm. She can have occasional exposure to vibration and 21 extreme cold temperatures. She can understand, remember, and apply short, simple instructions. She can perform routine tasks. She cannot work 22

1 in a fast-paced, production type environment. She can have occasional interaction with the general public. 2 The claimant is unable to perform any past relevant work. See 20 3 C.F.R. §§ 404.1565, 416.965. 4 The claimant was a younger individual (age 18–49) on the amended alleged disability onset date. She subsequently changed age category to closely approaching advanced age. See 20 C.F.R. §§ 404.1563, 416.963. 5 The claimant has a limited education and is able to communicate in 6 English. See 20 C.F.R. §§ 404.1564, 416.964. 7 Transferability of job skills is not material to the determination of 8 disability because using the Medical-Vocational Rules as a framework supports a finding that the claimant is "not disabled," whether or not the 9 claimant has transferable job skills. See Social Security Ruling 82–41; 20 C.F.R. Part 404, Subpart P, App'x 2. 10 Considering the claimant's age, education, work experience, and 11 RFC, there are jobs that exist in significant numbers in the national economy that the claimant can perform. See 20 C.F.R. §§ 404.1569, 404.1569(a), 416.969, 416.969(a). 12 13 The claimant has not been under a disability, as defined in the Social Security Act, from December 1, 2015, through the date of the ALJ's decision. See 20 C.F.R. §§ 404.1520(f), 416.920(f). 14 15 Before Appeals Council: 16 Date of Decision: September 24, 2019 17 Appears in Record at: AR at 1–4 18 Summary of Decision: Denied review. 19 III. PROCEDURAL HISTORY—THIS COURT Jurisdiction based upon: 42 U.S.C. § 405(g) 20 Brief on Merits Submitted by (X) Plaintiff (X) Commissioner 21 22

IV. STANDARD OF REVIEW

Pursuant to 42 U.S.C. § 405(g), the Court may set aside the Commissioner's denial of Social Security benefits when the ALJ's findings are based on legal error or not supported by substantial evidence in the record as a whole. Bayliss v. Barnhart, 427 F.3d 1211, 1214 n.1 (9th Cir. 2005). "Substantial evidence" is more than a scintilla, less than a preponderance, and is such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. Richardson v. Perales, 402 U.S. 389, 401 (1971); Magallanes v. Bowen, 881 F.2d 747, 750 (9th Cir. 1989). The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and resolving any other ambiguities that might exist. Andrews v. Shalala, 53 F.3d 1035, 1039 (9th Cir. 1995). Although the Court is required to examine the record as a whole, it may neither reweigh the evidence nor substitute its judgment for that of the ALJ. See Thomas v. Barnhart, 278 F.3d 947, 954 (9th Cir. 2002). "Where the evidence is susceptible to more than one rational interpretation, one of which supports the ALJ's decision, the ALJ's conclusion must be upheld." Id.

V. EVALUATING DISABILITY

Plaintiff bears the burden of proving she is disabled within the meaning of the Social Security Act ("Act"). *Meanel v. Apfel*, 172 F.3d 1111, 1113 (9th Cir. 1999). The Act defines disability as the "inability to engage in any substantial gainful activity" due to a physical or mental impairment which has lasted, or is expected to last, for a continuous period of not less than twelve months. 42 U.S.C. §§ 423(d)(1)(A), 1382c(3)(A). A claimant is disabled under the Act only if her impairments are of such severity that she is

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| 1 | unable to do her previous work, and cannot, considering her age, education, and work | |
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| 2 | experience, engage in any other substantial gainful activity existing in the national | |
| 3 | economy. 42 U.S.C. §§ 423(d)(2)(A), 1382c(3)(B); see also Tackett v. Apfel, 180 F.3d | |
| 4 | 1094, 1098–99 (9th Cir. 1999). | |
| 5 | The Commissioner has established a five-step sequential evaluation process for | |
| 6 | determining whether a claimant is disabled within the meaning of the Act. See 20 C.F.R | |
| 7 | §§ 404.1520, 416.920. The claimant bears the burden of proof during steps one through | |
| 8 | four. Valentine v. Comm'r of Soc. Sec. Admin., 574 F.3d 685, 689 (9th Cir. 2009). At | |
| 9 | step five, the burden shifts to the Commissioner. <i>Id</i> . | |
| 10 | VI. ISSUES ON APPEAL | |
| 11 | A. Whether the ALJ erred in discounting Plaintiff's subjective symptom | |
| 12 | testimony. | |
| 13 | B. Whether the ALJ erred in discounting Plaintiff's mother's statements. | |
| 14 | C. Whether the ALJ erred in discounting the opinions of Kimberly Wheeler, | |
| 15 | Ph.D., Alysa Ruddell, Ph.D., and Mark Heilbrunn, MD. | |
| 16 | D. Whether the ALJ erred at step two in failing to find cervical spine | |
| 17 | degenerative disc disease a severe impairment. | |
| 18 | VII. DISCUSSION | |
| 19 | A. The ALJ Harmfully Erred in Discounting Plaintiff's Testimony | |
| 20 | Plaintiff argues the ALJ erred by discounting her subjective symptom testimony. | |
| 21 | Pl. Op. Br. at 14–17. Plaintiff testified that she has pain in her right shoulder related to | |
| 22 | past frequent dislocations. See AR at 178–81. Plaintiff testified that sciatica makes it | |

difficult for her to be active or function around the house. *See* AR at 184–85, 439, 444. Plaintiff testified that her anxiety prevents her from working because she cannot be around others, and it causes her hands to shake badly. *See* AR at 191–93, 439. Plaintiff testified that she can sit for about 45 minutes to an hour at a time. AR at 209.

The Ninth Circuit has "established a two-step analysis for determining the extent to which a claimant's symptom testimony must be credited." *Trevizo v. Berryhill*, 871 F.3d 664, 678 (9th Cir. 2017). The ALJ must first determine whether the claimant has presented objective medical evidence of an impairment that "could reasonably be expected to produce the pain or other symptoms alleged." *Id.* (quoting *Garrison v. Colvin*, 759 F.3d 995, 1014–15 (9th Cir. 2014)). At this stage, the claimant need only show that the impairment could have caused some degree of the symptoms; she does not have to show that the impairment could reasonably be expected to cause the severity of the symptoms alleged. *Id.* The ALJ found that Plaintiff met this step because her medically determinable impairments could reasonably be expected to cause the symptoms he alleged. AR at 43.

If the claimant satisfies the first step, and there is no evidence of malingering, the ALJ may only reject the claimant's testimony "by offering specific, clear and convincing reasons for doing so. This is not an easy requirement to meet." *Trevizo*, 871 F.3d at 678 (quoting *Garrison*, 759 F.3d at 1014–15). In evaluating the ALJ's determination at this step, the Court may not substitute its judgment for that of the ALJ. *Fair v. Bowen*, 885 F.2d 597, 604 (9th Cir. 1989). As long as the ALJ's decision is supported by substantial

evidence, it should stand, even if some of the ALJ's reasons for discrediting a claimant's testimony fail. *See Tonapetyan v. Halter*, 242 F.3d 1144, 1148 (9th Cir. 2001).

The ALJ discounted Plaintiff's testimony regarding the severity of her physical and mental symptoms because he determined it was inconsistent with the medical evidence and Plaintiff's daily activities. *See* AR at 43–48. The ALJ's analysis with respect to both sets of symptoms fell short of the Ninth Circuit's standard.

1. The ALJ Harmfully Erred in Discounting Plaintiff's Testimony Regarding the Severity of Her Physical Symptoms

The ALJ first erred in rejecting Plaintiff's physical symptom testimony as inconsistent with the medical evidence. An ALJ may reject a claimant's symptom testimony when it is contradicted by the medical evidence. *See Carmickle v. Comm'r*, *Soc. Sec. Admin.*, 533 F.3d 1155, 1161 (9th Cir. 2008) (citing *Johnson v. Shalala*, 60 F.3d 1428, 1434 (9th Cir.1995)). But the ALJ must explain how the medical evidence contradicts the claimant's testimony. *See Dodrill v. Shalala*, 12 F.3d 915, 918 (9th Cir. 1993). The ALJ cannot reject the claimant's testimony simply because the objective medical evidence does not "fully corroborate the alleged severity of pain." *Rollins v. Massanari*, 261 F.3d 853, 856 (9th Cir. 2001) (citations and quotation marks omitted). Furthermore, the ALJ "cannot simply pick out a few isolated instances" of medical health that support his conclusion, but must consider those instances in the broader context "with an understanding of the patient's overall well-being and the nature of [his] symptoms." *Attmore v. Colvin*, 827 F.3d 872, 877 (9th Cir. 2016).

Here, the ALJ noted that Plaintiff showed normal range of motion, full strength, and normal gait at some appointments. *See* AR at 47, 615, 647, 747. But, as the ALJ acknowledged, diagnostic imaging showed Plaintiff has lumbar degenerative disc disease. *See* AR at 46, 606–07. And Plaintiff had limited range of motion in her back and an antalgic gait at other appointments. *See*, *e.g.*, AR at 649, 684. The ALJ failed to adequately explain how the fact that Plaintiff sometimes had normal range of motion, strength, and gait contradicted her testimony that sciatic pain made it difficult for her to sit for long periods of time or be active.

The ALJ further reasoned that Plaintiff's "lack of medical treatment suggests the alleged persistence and intensity of her pain symptoms are not as serious as alleged." AR at 47. In making this finding, the ALJ ignored evidence explaining why Plaintiff did not receive more treatment. "[A]n 'unexplained, or inadequately explained, failure to seek treatment' may be the basis for an adverse credibility finding unless one of a 'number of good reasons for not doing so' applies." *Orn v. Astrue*, 495 F.3d 625, 638 (9th Cir. 2007) (quoting *Fair*, 885 F.2d at 603). The record indicates that Plaintiff did not get more medical treatment because she kept having to move, due to domestic violence and housing issues. *See* AR at 182–83, 194–95, 684. The ALJ did not adequately consider this and how it might have impacted the level of treatment Plaintiff was prescribed. The ALJ consequently erred in rejecting Plaintiff's physical symptom testimony as inconsistent with the medical evidence.

The ALJ further erred in rejecting Plaintiff's physical symptom testimony as inconsistent with her daily activities. An ALJ may reject a claimant's symptom

testimony based on her daily activities if they contradict her testimony or "meet the threshold for transferable work skills." Orn, 495 F.3d at 639 (citing Fair, 885 F.2d at 603). However, "the mere fact that a plaintiff has carried on certain daily activities, such as grocery shopping, driving a car, or limited walking for exercise, does not in any way detract from her credibility as to her overall disability. One does not need to be 'utterly incapacitated' in order to be disabled." Vertigan v. Halter, 260 F.3d 1044, 1050 (9th Cir. 2001) (quoting Fair, 885 F.2d at 603). Most of the activities to which the ALJ referred are precisely those the Ninth Circuit has warned against relying on. The ALJ noted that Plaintiff handled her own personal care, prepared her meals, performed household chores, and shopped in stores once a month. See AR at 47–48. These are basic life activities that cannot support rejecting Plaintiff's testimony. See Vertigan, 260 F.3d at 1050. The few other activities the ALJ noted, such as traveling to Oklahoma for Plaintiff's parents' wedding anniversary, do not convincingly demonstrate that Plaintiff unreliably reported her level of impairment. *Trevizo*, 871 F.3d at 678. The ALJ thus erred in discounting Plaintiff's physical symptom testimony.

2. The ALJ Harmfully Erred in Discounting Plaintiff's Testimony Regarding the Severity of Her Mental Symptoms

Much like his treatment of Plaintiff's physical symptom testimony, the ALJ erred in discounting Plaintiff's mental symptom testimony as inconsistent with the medical evidence. The ALJ reasoned that Plaintiff's treatment providers found her negative for depression and anxiety at some appointments, and noted that she was stable or improved at others. *See* AR at 47. But the ALJ's analysis did not paint an accurate picture of the

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medical evidence. An ALJ may not reject evidence based on an inaccurate portrayal of the record. *See Reddick v. Chater*, 157 F.3d 715, 722–23 (9th Cir. 1998) (reversing ALJ's decision where his "paraphrasing of record material is not entirely accurate regarding the content or tone of the record"). For example, Plaintiff's treatment providers noted that her symptoms were stable, but reported at many of the same appointments that her mood was anxious, her judgment was severely impaired, and she suffered from persecutory delusions and obsessive thoughts. *See* AR at 691, 699, 705, 708, 711, 715.

Moreover, an ALJ may not reject a claimant's testimony "merely because symptoms wax and wane in the course of treatment." *Garrison*, 759 F.3d at 1017. Although Plaintiff's providers at times noted she was negative for depression and anxiety, Plaintiff's providers noted during the same time period that she was tearful during appointments, and suffered nightmares due to PTSD. *See, e.g.*, AR at 647, 649, 651, 655, 745, 747, 796, 799. The ALJ did not adequately consider Plaintiff's overall condition, and thus erred in rejecting Plaintiff's mental symptom testimony.

B. The ALJ Harmfully Erred in Discounting Plaintiff's Mother's Statements

Plaintiff argues the ALJ erred by discounting Plaintiff's mother's lay witness statements. Pl. Op. Br. at 13–14. Plaintiff's mother reported that Plaintiff "has a hard time standing for very long." *See* AR at 429. Plaintiff's mother reported that Plaintiff's abilities to lift, squat, bend, stand, walk, sit, kneel, and climb stairs were affected because they hurt her back. AR at 434.

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The ALJ noted that "[a]lthough [Plaintiff's mother's] statements are generally credible as to their observations, they are inconsistent with the medical evidence, which does not fully support [Plaintiff's] allegations." AR at 50.

In determining disability, "an ALJ must consider lay witness testimony concerning a claimant's ability to work." *Bruce v. Astrue*, 557 F.3d 1113, 1115 (9th Cir. 2009) (quoting *Stout v. Comm'r*, *Soc. Sec. Admin.*, 454 F.3d 1050, 1053 (9th Cir. 2006)). The ALJ must "give reasons germane to each witness" before he can reject such lay witness evidence. *Molina v. Astrue*, 674 F.3d 1104, 1111 (9th Cir. 2012) (internal citations and quotation marks omitted). "Further, the reasons 'germane to each witness' must be specific." *Bruce*, 557 F.3d at 1115 (quoting *Stout*, 454 F.3d at 1054).

The ALJ erred in discounting Plaintiff's mother's statements. The ALJ did not specifically explain how the medical evidence was inconsistent with Plaintiff's mother's statements. *See* AR at 50. To the extent he was relying on his analysis of the medical evidence in relation to Plaintiff's testimony, that analysis was erroneous, as discussed above. *See supra* Part VII.A. The ALJ thus failed to give specific or germane reasons for discounting Plaintiff's mother's statements, and erred.

C. The ALJ Harmfully Erred in Discounting the Opinions of Dr. Wheeler, Dr. Ruddell, and Dr. Heilbrunn

Plaintiff argues the ALJ erred in discounting the opinions of three examining doctors. Pl. Op. Br. at 3–12. An ALJ must give "clear and convincing' reasons for rejecting the uncontradicted opinion of an examining physician." *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1995) (quoting *Pitzer v. Sullivan*, 908 F.2d 502, 506 (9th Cir.

1990)). If the examining doctor's opinion is contradicted, the ALJ must give "specific and legitimate reasons that are supported by substantial evidence in the record" for rejecting the opinion. *Lester*, 81 F.3d at 830–31 (citing *Andrews*, 53 F.3d at 1043). The opinions of Dr. Wheeler, Dr. Ruddell, and Dr. Heilbrunn were all contradicted, so the ALJ needed to give specific and legitimate reasons to reject them.

1. The ALJ Harmfully Erred in Discounting Dr. Wheeler's Opinions

Dr. Wheeler examined Plaintiff in December 2015, and again in October 2016. *See* AR at 662–71. At each examination, Dr. Wheeler conducted a clinical interview and mental status exam. *See id.* In December 2015, Dr. Wheeler opined that Plaintiff had marked limitations in her ability to adapt to workplace changes, communicate and perform effectively at work, and complete a normal work day or week without interruptions from her psychologically-based symptoms. AR at 664.

Dr. Wheeler's opinions largely remained the same after her October 2016 exam. She opined that Plaintiff still had marked limitations in her ability to adapt to workplace changes and complete a normal work day or week without interruptions from her psychologically-based symptoms. AR at 669. Dr. Wheeler found Plaintiff's ability to communicate and perform effectively at work had changed from markedly limited to moderately limited. *Id.* Dr. Wheeler found Plaintiff was now markedly limited in her ability to "[p]erform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances without special supervision." *Id.*

The ALJ gave Dr. Wheeler's opinions little weight. AR at 48. The ALJ reasoned that Dr. Wheeler's opinions were inconsistent with her "essentially unremarkable mental status exam," inconsistent with the medical evidence, and inconsistent with Plaintiff's demonstrated level of functioning as shown by her daily activities. AR at 48–49. None of these reasons withstands scrutiny.

The ALJ erred in finding that Dr. Wheeler's opinions were inconsistent with her mental status exams. First, ALJs should be cautious in second-guessing a doctor's interpretation of her own mental status exam findings. See Moghadam v. Colvin, No. C15-2009-TSZ-JPD, 2016 WL 7664487, at *6 (W.D. Wash. Dec. 21, 2016); Schmidt v. Sullivan, 914 F.2d 117, 118 (7th Cir. 1990) (cited with approval in Hoffman v. Screen Actors Guild-Producers Pension Plan, 571 F. App'x 588, 591 (9th Cir. 2014) ("[ALJs] must be careful not to succumb to the temptation to play doctor. . . . The medical expertise of the Social Security Administration is reflected in regulations; it is not the birthright of the lawyers who apply them. Common sense can mislead; lay intuitions about medical phenomena are often wrong.") (internal citations omitted). Second, although Dr. Wheeler's mental status exams showed mostly normal function, they indicated that at least Plaintiff's mood and concentration were abnormal. See AR at 666, 671. These findings are not inconsistent with—and could arguably support—Dr. Wheeler's opinions that Plaintiff was markedly limited in her ability to perform effectively in a work setting or complete a normal work day without interruptions. The ALJ therefore erred in rejecting Dr. Wheeler's opinions as inconsistent with her mental status exam findings.

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The ALJ further erred in rejecting Dr. Wheeler's opinions as inconsistent with the overall medical evidence and Plaintiff's daily activities. The ALJ's analysis of both issues mirrored her analysis of those issues in regard to Plaintiff's mental symptom testimony. See AR 47–49. That analysis fails with respect to Dr. Wheeler's opinions for the same reasons it failed with respect to Plaintiff's mental symptom testimony. See supra Part VII.A.1–2. The ALJ therefore failed to give specific and legitimate reasons to reject Dr. Wheeler's opinions, and harmfully erred.

2. The ALJ Harmfully Erred in Discounting Dr. Ruddell's Opinions

Dr. Ruddell examined Plaintiff in August 2017. *See* AR at 672–76. Dr. Ruddell conducted a clinical interview and mental status exam. *See id.* She opined that Plaintiff was markedly limited in her ability to learn new tasks, adapt to workplace changes, and complete a normal work day or week without interruptions from her psychologically-based symptoms. AR at 674.

The ALJ gave Dr. Ruddell's opinions little weight. AR at 50. The ALJ gave the same reasons she gave for discounting Dr. Wheeler's opinions, that Dr. Ruddell's opinions were inconsistent with her unremarkable mental status exam, the overall medical evidence, and Plaintiff's demonstrated level of functioning as shown by her daily activities. *Id*.

The ALJ's reasoning here fails for the same reasons it failed with respect to Dr. Wheeler's opinions. First, Dr. Ruddell's mental status exam included abnormal findings, such as labile/tearful affect, anxious mood, paranoia, impaired recent memory, and concentration issues. *See* AR at 675. Dr. Ruddell, as the medical expert, was best

positioned to interpret those findings. *See Schmidt*, 914 F.2d at 118. The ALJ thus erred in finding Dr. Ruddell's opinions inconsistent with her mental status exam findings.

Second, the ALJ unreasonably interpreted the medical evidence and Plaintiff's daily activities, as explained above. *See supra* Part VII.A.1–2. The ALJ's analysis of that evidence thus cannot support discounting Dr. Ruddell's opinions. The ALJ therefore failed to give specific and legitimate reasons to reject Dr. Ruddell's opinions, and harmfully erred.

3. The ALJ Harmfully Erred in Discounting Dr. Heilbrunn's Opinions

Dr. Heilbrunn examined Plaintiff in January 2017. *See* AR at 626–31. Dr. Heilbrunn opined that Plaintiff could lift/carry up to 10 pounds frequently. AR at 630. He opined that Plaintiff could sit or walk for at least 30 minutes at a time, for a cumulative length of three to four out of eight hours. *Id.* Dr. Heilbrunn opined that Plaintiff had other limitations, such as decreased ability to reach overhead with her right arm, decreased balance, and inability kneel, crawl, or stoop. *Id.*

The ALJ gave Dr. Heilbrunn's opinions little weight. AR at 49. The ALJ reasoned that Dr. Heilbrunn's opinions were inconsistent with the overall medical evidence and Plaintiff's demonstrated level of functioning as shown by her daily activities. *See id.*

The ALJ's analysis with respect to Dr. Heilbrunn's opinions mirrored his analysis with respect to Plaintiff's testimony. *See* AR at 46–49. That analysis failed with respect to Plaintiff's physical symptom testimony, and thus fails with respect to Dr. Heilbrunn's

opinions, as well. *See supra* Part VII.A.1. The ALJ therefore failed to give specific and legitimate reasons to discount Dr. Heilbrunn's opinions, and harmfully erred.

D. The ALJ Should Reevaluate Plaintiff's Cervical Spine Condition at Step Two

Plaintiff argues the ALJ erred at step two of the disability evaluation process by failing to include cervical spine degenerative disc disease as a severe impairment. Pl. Op. Br. at 12–13. Plaintiff contends Dr. Heilbrunn diagnosed her with cervical degenerative disc disease, *see* AR at 630, so the ALJ needed to include it as a severe impairment. Pl. Op. Br. at 12–13. Because the Court has found that the ALJ erred in rejecting Plaintiff's physical symptom testimony and Dr. Heilbrunn's opinions, the Court need not reach this issue. The ALJ should reevaluate Plaintiff's cervical spine condition on remand.

E. Scope of Remand

Plaintiff asks the Court to remand this matter for an award of benefits. *See* Pl. Op. Br. at 18. Neither party addresses this issue with more than cursory analysis. Remand for an award of benefits "is a rare and prophylactic exception to the well-established ordinary remand rule." *Leon v. Berryhill*, 880 F.3d 1041, 1044 (9th Cir. 2017). The Ninth Circuit has established a three-step framework for deciding whether a case may be remanded for an award of benefits. *Id.* at 1045. First, the Court must determine whether the ALJ has failed to provide legally sufficient reasons for rejecting evidence. *Id.* (citing *Garrison*, 759 F.3d at 1020). Second, the Court must determine "whether the record has been fully developed, whether there are outstanding issues that must be resolved before a determination of disability can be made, and whether further administrative proceedings would be useful." *Treichler v. Comm'r of Soc. Sec. Admin.*, 775 F.3d 1090, 1101 (9th

1 Cir. 2014) (internal citations and quotation marks omitted). If the first two steps are 2 satisfied, the Court must determine whether, "if the improperly discredited evidence were 3 credited as true, the ALJ would be required to find the claimant disabled on remand." 4 Garrison, 759 F.3d at 1020. "Even if [the Court] reach[es] the third step and credits [the 5 improperly rejected evidence] as true, it is within the court's discretion either to make a direct award of benefits or to remand for further proceedings." Leon, 880 F.3d at 1045 6 7 (citing *Treichler*, 773 F.3d at 1101). 8 The appropriate remedy here is to remand this matter for further administrative 9 proceedings. Conflict in the evidence remain, such as multiple medical opinions giving 10 different estimations of Plaintiff's functional abilities. See AR at 246–50, 261–65, 276– 11 80, 291–95, 623–24, 630–31, 664, 669, 674, 678. The Court cannot weight these 12 opinions, nor can it translate them into an RFC or determine whether Plaintiff can 13 perform work. See Rounds v. Comm'r Soc. Sec. Admin., 807 F.3d 996, 1006 (9th Cir. 14 2015) (citing Stubbs-Danielson v. Astrue, 539 F.3d 1169, 1174 (9th Cir. 2008)) ("[T]he 15 ALJ is responsible for translating and incorporating clinical findings into a succinct 16 RFC."). Remand is therefore necessary. 17 On remand, the ALJ shall reevaluate Plaintiff's symptom testimony, Plaintiff's 18 mother's statements, and the opinions from Dr. Wheeler, Dr. Ruddell, and Dr. Heilbrunn. The ALJ shall reevaluate at step two whether Plaintiff has any additional severe 19 20 impairments, reassess Plaintiff's RFC, and reassess the step four and five determinations. The ALJ shall conduct all further proceedings necessary to reevaluate the disability 22 determination in light of this opinion.

VIII. **ORDER** Therefore, the Commissioner's final decision is REVERSED and this case is REMANDED for further administrative proceedings under sentence four of 42 U.S.C. § 405(g). Dated this 3rd day of June, 2020. United States District Judge